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CONFIRMATION NO. 1677

|  |   |                                  |   |                                      |                                |
|--|---|----------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/774,607   | <b>FILING OR 371(c) DATE</b><br>02/10/2004<br><b>RULE</b>   | <b>CLASS</b><br>455              | <b>GROUP ART UNIT</b><br>2618   | <b>ATTORNEY DOCKET NO.</b><br>118622 |                                |
| <b>APPLICANTS</b><br>Shinya Nakai, Tokyo, JAPAN;<br><b>** CONTINUING DATA *****</b><br><i>None</i><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-37473 02/14/2003 <i>yes</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/06/2004</b>                                     |   |                                  |   |                                      |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <input checked="" type="checkbox"/> |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>24   | <b>TOTAL CLAIMS</b><br>4             | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>25944  |   |                                  |   |                                      |                                |
| <b>TITLE</b><br>Front end module   |   |                                  |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>1030   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |